

Certification Extension For Military Personnel

INSTRUCTIONS: Complete all sections of this form. Mail completed form along with a photocopy of your military Certificate of Release or Discharge from Active Duty (**DD – 214**) to: **NYS DOH BEMS**

NYS DOH BEMS
433 River Street
Suite 303 – Certification Unit
Troy, New York 12180

MI

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State

[illegible]

Sex

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(First Four Letters)

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(M or F)

Date of Birth

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			(MM)			(DD)			(YYYY)		

CFR EMT-B AEMT-I AEMT-CC EMT-P

(Check Appropriate Certification Level)			

Home Phone

		-			-								-				-				
(MM)				(DD)				(YYYY)				(Area Code)									

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